Organization ID # State of origin

Filing fee

0720842

Commonwealth of Kentucky \$130.00 Elaine N. Walker, Secretary of State 0720842.06

mstratton **LRPF**

Elaine N. Walker, Secretary of State

Received and Filed: 6/3/2011 2:35 PM Fee Receipt: \$130.00

Elaine N. Walker Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Reinstatement Application and **Reinstatement Annual Report** For the years 2010 through 2011

RST

Exact limited liability company name and principal office address HOME CARE FOR KIDS, LLC 7016 VILLAGE GATE TRACE **LOUISVILLE KY 40291**

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos,ky.gov/ftsearch or can be downloaded from our website.

Registered Agent and Registered Office Address

ADONNA WICKLIFFE 7016 VILLAGE GATE TRACE LOUISVILLE, KY 40291



Members - List the name and address of the limited liability company's members. If not specified, addresses default to the LLC's principal office address.. Member-managed LLCs are not required to list their members.

Adono Wicklifte	7016 Village Guto Tro	Lausville Ky 40291
grant V		
	to the part of the second of t	
e de la companya de		
		

The above entity was administratively dissolved on November 2, 2010 because the entity did not file its annual report for the year 2010. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 275.295. Enclosed is a check in the amount of \$130.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to HOME CARE FOR KIDS, LLC to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X	adomourchen	Executive Director	3-18-11
	Signature of member or manager (Required)	Title (Required)	Date (Required)



THOMAS B. MILLER
Commissioner

FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

ELYSE WEIGELDeputy Commissioner

BOB BROOKSExecutive Director

June 3, 2011

HOME CARE FOR KIDS, LLC 7016 VILLAGE GATE TRACE LOUISVILLE KY 40291

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **HOME CARE FOR KIDS, LLC** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2010, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the limited liability company. This letter is valid for 30 days from the date of this letter.

Sincerely,

Frankie Eden, Revenue Auditor I Division of Corporation Tax 501 High Street, 6th Floor, Sta. 69 Frankfort, KY 40601 502-564-7394 FAX# 502-564-3392

Kentucky Secretary of State organization number 0720842

